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ORIGINAL DEPARTMENT.

Communications.

DEFECTIVE AND IMPAIRED VISION.

With the Clinical use of the Ophthalmoscope in their Diagnosis and Treatment.

By LAURENCE TURNBULL, M. D.,

Ophthalmic Surgeon to Howard Hospital, &c.

Retinitis (Continued.)

The descriptions by the older writers of this disease, before the invention of the ophthalmoscope, were vague and uncertain, and even TYRRELL,* the great English master in ophthalmology, employs the term "acute retinitis" as synonymous with "glaucoma." The authority who is most to be relied upon is MACKENZIE,† who in his latest work takes advantage of the knowledge obtained by the use of the ophthalmoscope. He describes "Idiopathic retinitis acute and chronic," with "Retinitis from undue lactation;" he omits one of the most important forms, namely, "Syphilitic retinitis," which is one of the sequelæ of iritis after apparently all inflammation has passed away, leaving the cornea lens and vitreous humor transparent. The following case will illustrate this class.

Mrs. Mary D—, aged 42, applied as an out-door patient at Howard Hospital, with entire loss of vision, January 1860. Her sight has been failing her since July, 1859; was a healthy woman previous to marriage, and lived with her husband twenty-one years, when he became sick. She has six healthy children, but the seventh was born covered with an eruption, and was in the Children's Hospital of this city under treatment, and the physicians informed her that he has syphilitic disease. She has had chancres on her lip and in other parts of her body of a specific character, has taken mercury, her sight failed her gradually without pain.

Ophthalmoscopic examination—cornea, iris and lens clear; optic nerve appears enlarged, irregular

and of whitish texture; large irregular white patches are scattered over the retina.

Being placed upon a specific course of treatment, by the 14th she stated she felt much better, and can see the clock and the hands on it; by the 28th she could see the letters on her paper, and ultimately she was able to come to the hospital for her tonics and iodide of potassium alone. Numerous cases of this class of disease present themselves at my clinic, and the ophthalmoscopic appearances of secondary syphilis vary slightly. In some instances gray and white flocculi are seen in the vitreous space, which change their position when the eye moves. The optic nerve is seen as through a ground glass. The vessels of the retina are usually small and difficult to be seen, with red, yellow, brown, or black patches near the yellow spot.

An interesting case I saw in the London Ophthalmic Hospital is apropos to the present time in our own navy. A sailor desired to be discharged on account of loss of sight, from the Royal Navy; he was suspected of malingering, and sent by the Government officer to be examined. To look at his eyes there was nothing to indicate disease. The cornea, iris and lens were not dimmed, he had only a faint perception of light in one eye. The other was somewhat better, so that he could guide himself, but not sufficient vision to fit him for Her Majesty's service. On examination by the ophthalmoscope the whole surface of the retina was covered with black patches, and occasionally white patches of lymph were seen, which was the result of syphilitic poison, and demonstrated the utility of the ophthalmoscope.

The Diseases of the Retina in Morbus Brightii

"The ophthalmoscopic signs are congestion, hemorrhage and slight haziness of the retina. This opacity increases the apparent size of the optic disc by confusing its outlines, and renders the vessels less distinct than natural. These seem to terminate taperingly at the surface of the optic disc, beneath which they cannot be followed. Small bright yellowish-white dots appear in the opaque retina, at first thinly scattered, but becoming confluent. They form large patches, which ultimately coalesce and overspread a considerable extent of the retina with a whitish opacity, the uniformity

* Practical Work, &c., Vol. II., p. 146.

† Practical Treatise, &c., 4th London, 2d American, p. 555.

of which is broken by blotches of effused blood." ("Hulke" Practical Treatise, p. 50.)

The following is an interesting case from Prof. F. HOFNER * Anna Fischer, eleven years old, in June, 1860, suffered from an eruption of the skin, the nature of which cannot well be determined. After the disappearance of the exanthema, the child remained dull, sleepy, without appetite, suffered from constipation, and had an augmented wish to urinate; no hydrops; several weeks afterward a violent convulsive attack during the night, with entire loss of consciousness. The latter returns twice; the last time at the end of September. After the last attack vision was almost entirely lost for some days, and remained weak afterward.

The state of the patient on the 9th of November was the following: She is tall, very pale, thin, and not hydropic; pulsation of the heart very strong, visible on a large part of the left side, and disagreeable to the patient; horizontal diameter of heart considerably increased; sounds pure, urine considerable in quantity, pale somewhat opalizing; specific weight 1005, containing an uncommonly large quantity of albumen. No cylinders of fibrine; pupil somewhat dilated, and not very movable. She reads with the right eye some words of No. XVI; with the left, letters of No. XI. Field of vision normal. The ophthalmoscope shows the typical condition of retinitis of a high degree in morbus brightii. The optic nerve was merely characterized by the ends of its veins. Its margin is not distinguished from the neighborhood, but seems one in color with the surrounding zone of grayish infiltrated retina. Arteries mostly colored, veins pretty large. The white infiltrated zone of the retina extends around the whole optic nerve, and covers the vessels. Its diameter is three times the diameter of the yellow spot. There were no apoplexies, but several deposits of pigment. Patient entered Dr. H.'s institution November 11. Ordered Tinctura ferri acet, twenty drops three times daily. During the next month the general condition of the patient considerably improved, specific gravity of urine 1010.

Much more astonishing was the amelioration of vision. After one month, on the 9th of December, patient read No. 11 on both sides; with her left eye, words of No. 1. The margin of the papilla of the optic was more visible with the ophthalmoscope; on the left side the color of the "zone" and near the yellow spot the same; on the right side the condition remained unchanged.

The increased violence in the beating of the heart, after the patient left the institution, caused Prof. H. to give during three weeks the powder of

secale cornutum (gr. 10 pro die). The beating became less, but auscultation did not reveal any decrease in the size of the heart. Vision remained the same, and she read with her left eye No. 1 fluently (January, 1861.) Three months later the author saw the patient, and he found the retina had become almost perfectly normal. Ordered pills of ferri reduct, with extr. gentian, on account of anæmic appearance. At the end of 1862 patient was considered well."

MEDICAL FRAGMENTS.

By A. P. DUTCHER, M. D.,

Of Enon Valley, Lawrence County, Pennsylvania.

(Continued from p. 446.)

Mushroom Poisoning.

A few nights since I was called to see Mr. D., who was said to be badly poisoned by eating mushrooms for his supper. From his wife I learned that he retired to rest about nine o'clock, feeling as well as usual. About ten he awoke complaining of nausea and pain in the bowels; these symptoms were soon succeeded by vomiting, purging, and cramps. After having several copious evacuations from the bowels the purging ceased, but the vomiting continued. This was repeated at intervals of about twenty minutes, for more than two hours, when she became alarmed and sent for me. When I arrived the patient was very delirious. He had lost the power of his limbs, and was not able to turn himself in bed. His whole muscular system appeared to be perfectly prostrated. Skin moist and warm, pulse 38 per minute, and intermitting; respiration 10 and irregular; pupils very much dilated. He complains of being unable to see or hear. His vomiting is now more frequent than at first, and the matter discharged is nothing but water, and mucous streaked with blood.

The treatment prescribed was a sinapism over the epigastrium, and a teaspoonful of the following mixture in a wine glass full of gum water, every half hour until the vomiting ceased.

R. Tinct. camphoræ,

Tinct. opii, ʒss. ʒss. M.

On calling in the morning I found my patient somewhat better. He ceased to vomit after the third dose of the medicine. He is rational, but still complains of being unable to see. Pulse 40 and still intermitting; respiration 12 and irregular; has more muscular power, can turn himself in the bed by making a strong effort; has passed no urine for fourteen hours and has no desire to do so. He complains of nausea, pain in the stomach and bowels. There is unusual heat in the abdomen, and it is tender to the touch. His tongue is very red, and he complains of thirst. Fearing inflam-

* Klinische Monatsblätter für Augenheilkunde and American Journal of Ophthalmology, Vol. 1, No. 6, p. 236.

mation of the stomach and bowels, a blister was applied over the abdomen, and one of the following pills was ordered every three hours:

R. Hyd. chlorid. mit. gr. xij.
Pulv. opii. gr. vj. M.

Gum water was allowed for drink.

The symptoms of gastro-enteritis annoyed him for a day or two, when they gradually disappeared. His pulse did not regain its normal frequency and regularity until the evening of the third day.

I examined a specimen of the plants which Mr. D. ate. They belonged to the variety that is regarded as edible. They were, however, old, and had a bitter acid taste, and a faint narcotic odor, and instead of cooking them in boiling water, as is the usual custom in this vicinity, they were fried in butter. This mode of cooking them undoubtedly made them poisonous, for it has been well ascertained that even the poisonous varieties of the plant may be rendered perfectly harmless by boiling them in vinegar and water. Dr. CHRISTISON, in his work on Poisons, says that Dr. POUCHET, of Rouen, gave a quart of the water in which five poisonous mushrooms had been boiled, to a dog, who died in eight hours; but the boiled fungi themselves had no effect upon other dogs. Another, who was fed for nearly two months on little else than a poisonous variety of the plant boiled, not only sustained no harm, but actually got fat on his fare.

Hospital Reports.

PHILADELPHIA HOSPITAL,
Nov., 1863.

SURGICAL CLINIC OF DR. D. HAYES AGNEW.

Reported by Drs. KERR and FORD.

Intra-Capsular Fracture of the Neck of the Femur.

R. L., aged seventy-three years, was brought to the clinic on account of an injury of the left thigh produced by a fall. While walking across the floor her foot caught in the carpet causing her to fall upon the great trochanter of the left extremity. She complained of great pain in the thigh, and was unable to move the affected limb.

The diagnosis is made from the history of the case, and from the following symptoms: The patient is old and feeble; she found herself suddenly deprived of the use of her limb, from a slight cause; by measurement the distance between the anterior superior spinous process of the ilium and great trochanter of each side varied, being an inch shorter on the affected side. The patient lying perfectly straight upon her back, the distance between the umbilicus and internal condyle of the femur of the injured thigh was much less than the distance between similar points of the sound side. Preternatural mobility was observable; the limb could be rotated, adducted and abducted, flexed and extended upon the pelvis. Crepitus could not be elicited,

probably owing to the intervention of some material between the ends of the bone. Eversion of the foot and of the whole limb was present in a marked degree. As before remarked, the great trochanter was nearer to the ilium than it would be were the femur unbroken, was less easily felt, and moved in the arc of a smaller circle than natural, when rotated. All these symptoms of the fracture taken conjointly with the trivial manner of its occurrence, and the age of the patient, namely seventy-three years, unmistakably indicate a fracture of the neck of the femur within the capsule.

A lesion of this character is generally produced by a trivial cause, as this case exemplifies. The sudden twisting of the limb, or a slight blow upon the thigh have been known to produce it in old subjects. It occurs in old age—seldom happening to persons under the age of fifty years—and depends upon change in the structure and position of the neck and head of the bone.

In youth the proportion of animal matter of the bones exceeds that of the earthy matter, but in advanced life the reverse is the case, the earthy matter predominating, hence, the bones are brittle and easily fractured. In advanced life the head and neck of the femur become fatty, the cancellated structure is less dense, and therefore less likely to resist force; the position of the neck of the femur, too, is changed in old age—it is more horizontal, so that the force is not so well directed in the line of the bone, but spends itself upon the neck. This variety of fracture is more common in females, on account of the greater tendency to fatty degeneration and atrophy of the neck of the bone, and on account of its position being more horizontal than in males. Shortening of the limb is not generally more than one half an inch to an inch, though it is sometimes more or less. It often does not appear till several days after the injury; this may be due to the incompleteness of the fracture of the bone and of the rupture of the surrounding membranes. Preternatural mobility and crepitation are mostly very well observed. The foot and limb are everted when the patient lies supine or stands supported on one leg; when in the latter position, the heel of the injured limb is directed toward the hollow of the foot of the perfect side, and is considerably elevated, while the toes rest on the floor. Eversion has been ascribed to the action of the external rotator muscles of the thigh by some, by others to the weight of the limb when uncontrolled by the muscles. The mode of treatment of this kind of fracture is influenced by the kind of repair we expect, and by the condition of the patient. Inasmuch as union of the extremities of the fractured bone, in the most favorable cases can only be fibro-ligamentous, and that the cases are mostly old, decrepid persons whose constitutions cannot with stand the exhausting effect of long confinement, the simple plan of SIR ASTLEY COOPER is most frequently adopted. The limb is placed upon a double inclined plane of pillows, and kept at rest in an easy comfortable position for two or three weeks; the patient is then allowed to sit up in a chair, and shortly to move about on crutches, the shortness of the extremity being supplied by a high-heeled boot or shoe.

Ossæous union can hardly be expected even in the most favorable cases, for the following reasons: 1st. Deficient nutrition of one of the fragments, the head of the bone being separated, it can only draw its nourishment from vessels derived by the ligamentum teres which is inadequate to the proper supply. 2d. Want of proper coaptation of the ends of the bone. 3d. Presence of synovial fluid about the ends of the bone. 4th. Want of the adjuvant power of the surrounding tissues; the capsular ligament separates the parts from the surrounding tissues which principally produce the provisional callus. 5th. Old age and feebleness of the patient.

Paralysis of the Muscles of the Forearm.

Samuel F., aged forty-eight years. About two months ago while on a debauch, the patient lay all night in an exposed place; in the morning he had very little use of his right forearm, which the night before was under his control. He was admitted into the hospital and placed under treatment. Whether the paralysis was produced by intemperance and exposure, or by pressure of the head of a crutch upon the axillary plexus of nerves (the patient being a cripple), or by both, or by other causes, cannot be positively determined. Iodide of potassium was administered internally, and stimulating embrocations and frictions locally, with no benefit; the embrocations and frictions were continued, and in addition electricity was applied to the muscles daily for several weeks, with the administration of small doses of strychnia. During this treatment the motor power of the muscles of the forearm gradually improved, and the patient is now entirely well. The bowels were occasionally moved by mild purgatives. The diet was nutritious and unirritant.

JEFFERSON MEDICAL COLLEGE, }
November —, 1863. }

SURGICAL CLINIC OF PROF. S. D. GROSS, M. D.

Reported by Dr. J. Gordon Maxwell.

Rhinoplasty.

Mary A. S., a young, healthy looking woman of German extraction, married, one living child, two still born. Had been under treatment for tertiary syphilis at the clinic for some time. When first introduced the greater part of the nose had been destroyed by the disease which was still progressing, causing a most hideous deformity, while the throat was greatly ulcerated. The treatment was as follows:

R. Potass. iodidi ʒss.
Hydrarg. chloridi corros., gr. iv.
Syrup. aurant., ʒij.
Aque, ʒvj. M.

Sig. Half a tablespoonful three times a day.

R. Hydrargyri chloridi mite,
Ext. colocynth comp.,
Pulvis jalape, ʒss gr. v. M.
Fiat in pil. No. iv.

Sig. One every other night.

Besides the above treatment the ulcerated parts were touched with the dilute acid nitrate of mercury twice a week and dressed with opiate cerate. The diet consisted of good wholesome and easily digestible food, with stimulating drinks. Under this treatment the patient rapidly improved and was soon entirely well. She was allowed to remain in this condition for two months, when the Professor, considering the disease thoroughly eradicated, pronounced her in a favorable condition for the operation of rhinoplasty, or the formation of a new nose. However before commencing the operation the patient was subjected to a rigid course of diet, in order to prepare the system for what was to follow.

As the Professor preferred the Indian method, as it is called, that was the one chosen on the present occasion, there being an abundance of tissue. The first step was to replace the defective part by a wax mould representing the original organ as nearly as possible. A piece of soft leather was then stretched over the artificial nose and cut with great care to its shape, and from this an accurate model was cut one third larger to allow of shrinkage of the soft parts. The shape and size of the flap were then carefully marked out from the centre of the forehead with tincture of iodine, when the patient was rendered insensible by chloroform.

A roll of lint being inserted into each nostril to prevent the ingress of blood, an incision was made

along the iodized track, and the part dissected up down to the periosteum, care being taken not to wound the angular artery as the vascular supply of the new nose would mainly depend upon its integrity. The gap in the forehead was then sponged and as no vessel required ligation its edges were approximated by several points of the interrupted suture and adhesive straps, as little being allowed to remain open as possible. The next step of the operation consisted in paring the edges of the mutilated organ, and scarifying the skin over the bridge of the nose, in order to facilitate adhesions between the contiguous surfaces. The parts were then stitched together by means of the tongue and groove suture of Professor PANCOAST. In the next place a deep transverse opening was made in the upper lip at its junction with the natural septum of the nose, about five lines in length, into which the extremity of the strip divested of cuticle was firmly implanted and kept in place by a few points of suture.

Narrow adhesive plaster was then stretched across the sides of the nose to effect more uniform approximation, and the dressing was completed by applying lint wet with oil along the line of suture, to prevent the edges from becoming dry and shrivelled. The patient was then put to bed and a full anodyne given. The dressings were not disturbed until the third day when union was found to have taken place by the first intention.

Congenital Dislocation of the Knees.

A most extraordinary and interesting case of congenital malformation was brought before the Clinic on the 25th of November. The history is as follows: Morris M., 2 years of age, a patient of Dr. CASNER's, of Germantown, has a ravenous appetite, but has always been sickly, with a remarkably puny appearance.

The knee joints which are the seat of the malformation, are deficient in their patellæ, and as a consequence there is extraordinary mobility of the lower limbs. These being absent the heads of the tibiae are thrown forward, and the thigh bones backward, the condyles forming quite a prominent projection on the posterior surface of the limb, and bearing a marked resemblance to the elbow joint when flexed, and when the limbs were placed in a straight position, diagonally across and a little above the condyles, there was a depression of a semilunar or crescentic form on the anterior surface.

Flexion could not be accomplished, although extension and counter-extension could be performed with little effort. It is a most uncommon case and one of extreme interest, as there can be nothing done for the relief of the little sufferer, the records of the profession not having thrown any light upon the subject. If the patellæ existed something might be hoped for from a long continued treatment, but as the case now stands it is beyond human ingenuity.

In addition to the preceding there existed a disease of the nose most probably of a syphilitic character, into which inquiry will be made hereafter. The only treatment considered of any avail by the Professor was that of the iodide of potassium and the bichloride of mercury; $\frac{1}{2}$ grain of the former with 1-40 of a grain of the latter three times during the day.

UNIVERSITY OF MARYLAND, }
Nov. 4th, 1863. }

SURGICAL CLINIC OF PROF. NATHAN R. SMITH.

Reported by Dr. J. W. P. Bates.

Amaurosis.

Man, æt. 30. This patient complains that his sight is not good, at times everything looks dim and cloudy; has been so for two or three months; no pain

in the eyes but sometimes has smarting, photophobia in slight degree, sometimes he has bright flashes, ocular spectra, scintillations, also muscæ volitantes. There are no evidences of inflammation except in the retina, and the symptoms are those of hyperæmia of that membrane. If we have morbid exercise of the auditory nerve we have roaring and buzzing, etc., in the ear, and in the same manner when there is morbid exercise of the optic nerve we have these scintillations, etc. There is here most probably sub-acute inflammation of the optic nerve which is bringing about amaurosis; this is one of the most common prodromes of amaurosis. There is a slight degree of turbidness of the vitreous humor. In the treatment of this case most surgeons would use mercury, but it has done a vast amount of harm in such cases, as this disease is very little under the control of remedies. We must attend to the general health. As a local application we will use

R. Veratria, gr. v.
Ung cetacel, 3iss. M.

Chafe the brow and then rub this in with the finger, taking care however not to put any on the lid. We will keep his bowels regular by means of pills containing aloes and soap. As an alternative we will give

R. Potassii iodidi, gr. v.
Three times a day.

His diet should be simple but not very low. It is doubtful whether our remedies will accomplish much good.

Fracture of the Olecranon.

Man, set 27. The injuries of the elbow joint are almost always complicated because we have a compound articulation. This man fell from the mast head of a vessel, and struck his elbow; the right arm is very much swelled, and contused at the seat of the injury. The proper treatment in this case will be to gradually extend the arm until we get it nearly straight. An angular splint of binder's board has been used in this case. We have to guard against the action of the triceps which draws up the upper fragment. We will gradually extend the forearm, and after a little we may completely extend it and if it were not for the timefaction would do so now. This class of injuries is often very improperly treated because if the arm is kept flexed it will only unite by means of a long ligament, if kept extended too long it will undergo anchylosis and thus become useless. Make passive motion at the end of ten days and though we may somewhat retard bony union thereby, still we give the patient a useful limb. SIR ASTLEY COOPER says that these fractures penetrating the joint never have bony union.

Neerosis.

Man, set 30. This disease commenced one year ago last March. Had pain for about a week before it swelled, and the patient was told he had inflammatory rheumatism. It is a very common mistake in the commencement of this disease to call it inflammatory rheumatism. The bone does not swell but the periosteum does so, slowly. This disease occupies the inferior third of the left thigh; the probe passes under the great artery and into an immense cavity, but does not touch any dead bone in a condition to be removed. We enlarge one of the orifices so as to let out the pus and also lay open these sinuses which extend in almost all directions and are producing a very bad effect by retaining the discharges. His appetite is good and we will allow him good nourishing food, and I think the preparation of iron would be useful. We shall wait until there is further separation of the sequestrum. Apply poultices. These cases are tedious unless in a condition to remove the sequestrum im-

mediately. It sometimes remains for a long time, as I have known cases in which it was carried for twenty years. If we operate prematurely we inflict a great deal of pain and accomplish no good.

A question of great importance to the patient is, what shall we do in the ineffectuality of this disease? If recognized early you will find periostitis, hard swelling but no suppuration; if you are resolute you can cut down upon and divide the periosteum. Very often you will find matter under it. If the bone is diseased you must use the trephine, and thus you can cut the disease short. To distinguish these cases from those of rheumatism is sometimes difficult, but rheumatism is rarely confined to one joint and affects the joints alone. If there is enlargement of the bone it is necrosis.

MEDICAL CLINIC BY PROF. SAMUEL CHEW.

Tonsillitis.

Jas. S., set 22. Fisherman. This is produced by cold and wet weather, sometimes by local injury, as scalding or scratching the parts; in some produced very easily. There are various names given to inflammation of the throat according to the particular part affected; if tonsils, angina tonsillitis; if of the palate or uvula, angina diffusa. Sometimes no disease is perceptible, but after death the pharynx will show the effect of the disease which is angina pharyngea. Sometimes there are painful ulcers, pain in the Eustachian tube, then suppuration in the tonsils. If two or three days pass by without the disease being arrested it is apt to go on to suppuration, which is indicated by increased difficulty of breathing, chilly sensations, etc. When the abscess bursts relief is experienced immediately. In this case there is elongation of the uvula and enlargement of the tonsils; he spits a great deal but does not cough much. In the beginning this disease may be arrested by an emetic or by a stimulating gargle of capsicum, but they do evil if used too late, and are only suited to the inceptive stage. If active fever, use sedatives as tartar emetic, keep the bowels open with saline aperients.

When fluctuation can be felt puncture the abscess. There are many rash directions given in regard to puncturing; if you cut deeply and outward you are very apt to wound some branch of the carotid, cut toward the middle line and do not cut too deeply; but in most cases it is better to let the patient suffer a little longer and let it break. If both tonsils are much enlarged, with great difficulty of breathing you had better open the abscess. This disease is not generally dangerous; sometimes it proves fatal by hemorrhage, at others it enters the larynx and closes the rima glottidis and produces suffocation, but these cases are rare. In strumous cases these attacks are liable to leave chronic enlargement of the tonsils, in which state we use alum or nitrate of silver, or remove the whole or part of the organ, but this is never done without danger of injuring the patient's voice, because mucous is not secreted, and it is apt to be husky and disagreeable for years, if not for life. This patient has had inflammation unusually high; we will keep him on low diet, saline aperients and order him to breathe the vapor of warm water.

Phthisis

Man, set 40. Has been sick for two months; in-temperate in his habits; has had a cough for about three months; expectorates about half a pint during the night, but no blood; has night sweats; bowels regular; not much appetite; burning heat of hands and feet; slight chills about twice a day; soreness of the chest when he coughs. These symptoms may depend upon bronchitis or upon tubercular disease and it is of great importance to know which is the

cause. There is often a change in the appearance of the chest; here there is rather more depression under the right clavicle but it is a sign of no great importance as it does not prove the existence of phthisis but may have been produced by chronic pleurisy. Upon auscultation we place our chief reliance, here we have tubal respiration on both sides, the cells are closed to a great degree on the right; when he takes a deep inspiration or coughs we hear mucous rouschus on the right side; tubercles are beginning to soften on that side, he has also bronchitis and solidification of the lung. The bronchitis originated from the tubercles, causing irritation and an increased secretion of mucous, the air passing through which gives rise to the rouschus. Dr. BENNETT says that more than one half mankind who have lived to the age of forty years have had phthisis and recovered.

This is entirely too strong language for belief, but there is no doubt whatever that recoveries are frequent, and the patient may have a second attack and die. We will put this case upon

Ol. morrhue,

31j.

Three times a day, and allow him a little whisky and water at dinner time, which will stimulate the vital powers a little, and is frequently indicated in this class of cases.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Report of the Committee of Arrangements for the reception of the Medical Society of the State of Pennsylvania.

[Published by order of the Philada. County Medical Society.]

WEDNESDAY, October 21, 1863.

Dr. CONDIE, Chairman of the Delegation from this Society to the Pennsylvania State Medical Society, reported, on behalf of said delegation, that the late session of the State Society was one of uncommon interest. The attendance was highly encouraging, as well in respect to numbers as in the professional standing and abilities of the several delegations from the interior. Delegates, he was happy to say, were present from parts of the State which had not previously been represented, as well as from others in which the professional organizations of former years had, for a longer or shorter period, become extinct. Immediately after the adjournment of the session of 1862, a systematic effort was commenced, through a committee appointed by the State Society, to effect, if possible, an organization of the medical profession in every county throughout Pennsylvania. There is a fair prospect that the efforts of this and similar committees that shall annually be appointed will be ultimately crowned with success, and that medical organizations will spring up in sections of Pennsylvania where, heretofore, by many, medical organization has been considered impossible. This much, at least, seems to be certain, that all, or nearly all, the county organizations which formerly existed in the State will be speedily revived with every encouragement, and that they will exhibit greater efficiency, zeal, and permanency than during their first existence.

The reports from County Societies, presented to the State Society at its last session, though few in number, were particularly interesting and instructive. In the more elaborate of these reports, to a certain extent, indeed, in all of them, was presented a very fair exhibit of the movements and changes which have taken place in the prevalence and character of the sporadic and endemic diseases of those sections of country, the medical history of which

they profess to give, together with a brief notice of the state of the weather, the topography of the country, and the number, character, occupations and condition of the inhabitants. This subject is one of very great importance, in consequence of the aid it furnishes us in our investigation of the etiology of the same diseases, and others closely allied to them, occurring in other localities.

The brief continuance of the annual sessions of our State Society is to be regretted. There is no valid reason why the business should be hurried through with the haste which has hitherto been the case, allowing scarcely sufficient time to hear read even a short abstract of the reports received from the County Societies, none for the discussion of any of the subjects or news embraced in them, whatever may be their importance by reason either of their novelty or from the bearing they have upon the nature and treatment of prevalent and wide-spread diseases. It is from delegates who might be supposed would be the most in favor of short sessions of the State Society, to enable them to return to their homes and practice, in remote parts of the State, with as little delay as possible, that we have heard the strongest expressions of regret that the sessions were not of longer continuance. We believe that, if the annual sessions were prolonged, the additional time thus gained could be improved greatly to the advantage of the delegates in attendance, and through them of the members of the Societies they respectively represent.

There could be no difficulty in rendering the sessions of the Society sufficiently attractive to command the attendance of the majority of the delegates who come on from even remote counties, for a period beyond that to which, of late years, they have been restricted. At every session questions of interest are suggested by some one, perhaps by several of the reports received, upon which a free discussion would be well adapted to throw additional light by bringing out an amount of personal experience which could, perhaps, in no other way be elicited. Questions, also, might be propounded for discussion bearing on the etiology, character, seat, phenomena, diagnosis, and treatment of any epidemic which had recently prevailed within the limits of the State, and from a visitation of which neighboring or even remote localities would be in danger—an epidemic that had, perchance, never appeared before, or only at some remote period, or in some distant and sparsely inhabited locality, the imperfect accounts furnished of it by those who had seen it being altogether unreliable, and in consequence the necessity occurring that the disease be studied now by the physicians who have already been or may hereafter be called upon to treat it, either at the bedside of the sick, or by a careful collation of the personal observations made by others who have had an opportunity of studying the disease, or what is still better adapted to lead to correct conclusions by both these means combined. Important facts will, by this mode of studying disease, be often elicited, the actual value of which may not at the time be suspected, but which, subsequently, will be found to constitute the key to the true character of some unfamiliar malady that suddenly presents itself after a long interval had elapsed since its previous appearance, and claims the attention of every physician, either by its wide-spread prevalence or the amount of mortality produced by it.

The question for discussion may relate to the therapeutical application and value of some one of the new remedies which are constantly augmenting the lists of our materia medica. As it is solely from an extended and careful observation of their effects when given to patients laboring under the diseases to which those remedies are supposed to be appropriate, that a knowledge of their true remedial powers and the particular circumstances under which these powers are exhibited, can be acquired, whatever,

therefore, has a tendency to elicit the experience of the largest number of physicians practicing in different sections of the State in the use of remedies with which the profession, generally, is but little familiar, is to be encouraged. It is, in fact, a most effectual means of augmenting our remedial resources, and of enabling us to direct our acquisitions, in this respect, for the greatest benefit of those placed under our medical care.

There is scarcely any plan better adapted to elicit the experience of the individual members of the profession, on all questions of interest in any of the branches of medicine, than that of promoting a free conversation between the delegates assembled at the annual sessions of the State Society. The information thus reciprocally imparted is, in the main, more positive and exact than is often the case with the cautiously sifted and, for the most part, one-sided statements furnished in the communications we meet with in our professional journals.

This Society has, it is very true, no power which it can directly exercise for lengthening the sessions of our State Medical Society, for directing the nature of the business to be brought before them, or for regulating the manner in which their business shall be conducted; but, there is very little fear that a recommendation in respect to either of these particulars, coming from the Medical Society of Philadelphia County, will not be favorably received. The influence of its very large delegation, if properly exerted, cannot fail to secure the inauguration of whatever measures it may decide to be necessary for the successful working of the State Society, and through it the most effectually to benefit the medical profession of our State, generally.

EDITORIAL DEPARTMENT.

Reviews and Book Notices.

The Medical Treatment of Angular Curvature of the Spine. By CHARLES FAYETTE TAYLOR.—Bailliere Brothers. 1863.

This essay was originally read before the New York Medical Society, and printed in the transactions of that Society, but is presented to the reader in separate form. The author states, without entering into the minute pathology of the disease, that like morbus coxarius this is a disease affecting strumous constitutions, often of traumatic origin but more frequently developed spontaneously, and like disease of the hip-joint begins primarily in the cartilage, then extending at a much later period to the bone. He believes that the caries very seldom indeed begins in the osseous structure, and when it does happen the case generally proves fatal, so that a disproportionately number of specimens pass from the hospital to the demonstrator's table. It remains true that the disease which constitutes "angular curvature of the spine" is originally confined to the intervertebral cartilage. When this substance becomes absorbed after many months, and the osseous tissue of the opposing vertebrae come in contact, absorption rapidly extends through them. As the waste therefore proceeds alone from the surfaces abnormally placed in contact, treatment must be based upon securing a substitute for the destroyed parts, and distributing the pressure equally along the remaining healthy portion of the column. In the great number of instruments intended to effect this object there is but one idea developed, and that is counter-extension from the hips to the shoulders. Now at the age when the disease is most liable to

begin we can find no such base for support since the pelvis is not sufficiently developed, and as the arms are very movable in the upward direction, a force acting under them only raises the arms themselves. It will be seen that some new mode of extension must be secured and Dr. TAYLOR proposes to effect the object by means of a double lever with a common fulcrum at the curvature, the extremities of the lever being secured to the shoulders and hips. An instrument constructed upon this principle at the same time permitting many movements of the spinal and accessory muscles, is strongly recommended by the writer. For the reputed success attending its use we desire to see its claims investigated, with the hope that something more may be done for this troublesome affection which thus far has resisted all attempts at perfect relief.

A Manual on Extracting Teeth. Founded on the Anatomy of the parts involved in the operation; the kinds and proper construction of the instruments to be used; the accidents liable to occur from the operation, and the proper remedies to retrieve such accidents. By ABRAHAM ROBERTSON, D. D. S., M. D., Author of Prize Essay on Extracting Teeth, etc. Pp. 200. Philadelphia: Lindsay & Blakiston. 1863. Price \$1.25.

The following extract from the remarks with which the author introduces his little book explains the object and purpose of his labor:

"What we now propose to do, is to describe and illustrate the instruments best adapted to the perfect accomplishment of the object under consideration—the entire removal of every tooth and root of a tooth that requires extraction, with the least exertion, with the least amount of force by the operator, with the least possible injury to the surrounding parts, and consequently with the least amount of present pain and after suffering to the patient; and the most appropriate methods of applying and using such instruments to effect such results.

But, before attempting to use or to apply any instruments for the extraction of the teeth, preliminary knowledge is indispensably requisite; to wit: a distinct and definite knowledge of the anatomy of the teeth, in at least so far as their external forms and articulations are concerned, and of the jaws,—their articulations and appendages. A knowledge too of the pathology of the teeth is no less necessary and indispensable rightly to qualify one to perform the duties of this branch of surgery.

A knowledge of anatomy can best be acquired in the dissecting room; and perfectly only there. The author would therefore most urgently recommend to every one who intends devoting himself to the alleviation of the pains of his fellow beings, by extracting their teeth, there, to seek this knowledge; for without it, sad mistakes and injuries are liable to be committed with the very best of instruments.

This knowledge is necessary, not only to enable one to know when and how to operate, and to guard against the occurrence of accidents and injuries, but if,—as is sometimes unavoidably the case in the hands of the most skillful,—an accident does happen, it is still more necessary to enable him to make the best possible amends. For a knowledge of the anatomy of the parts involved, is the foundation of all surgery, and the only thing that enables one knowingly, and therefore the most effectually, to repair such accidents."

The constant demand now being made on our Military Surgeons, both in field and hospital practice, in the direction of tooth extracting, is exciting an interest in the operation never before given it, and will render Dr. ROBERTSON'S Treatise particularly useful and acceptable. This interest is worthy and well, for if it is the office of the physician to relieve suffering,

It is certainly his duty, as it should be his inclination, to possess himself of all knowledge of whatever kind and from whatever source which will best conduce to the proposed end.

Dr. ROBERTSON'S work, is, so far as we know, the only one published treating exclusively of Tooth Extracting. It is written with considerable cleverness, and has the great merit of treating tersely its subject. Its perusal will, without doubt, be the means of giving the practitioner many useful hints, which the experience of the writer as a Dentist has necessarily suggested and developed. There are, however, some few features in the practice of the book which strike us as capable of being bettered, not the most unimportant of which are the suggestions in chapter 5th, concerning the lancing of gums preparatory to extraction. This little operation which the writer pronounces needless, should, to our way of thinking, never be omitted, except indeed in that class of cases where disease has anticipated, the knife and the gum is found fallen away of itself.

Any one who has ever looked at the periosteal relation existing between a tooth and its alveolus, will without doubt have remarked how much heavier and resisting are the fibres of this membrane just where gum, tooth and socket associate than at any other portion of the alveolar cone. This firm surface periosteum is the "Ligamentum Dentes" of the once famous but now almost forgotten Caldwell, and the deep passing of a firm and well adapted lancet dividing these fibres was the secret of the easy manner in which this man extracted teeth. A properly shaped lancet, can, with all respect to our author's experience, be made to pass a sufficient distance between the spongy substance, of which the alveolar process is composed, and the tooth to do this good office and should always be practiced by the careful operator. Objections might also be urged against certain forceps recommended. The pair, for instance, figured on page 115, for the extraction of the upper molar teeth might be well replaced with an instrument, termed by the dentist the "Maynard forceps." This last forceps is, anatomically speaking, as perfect an instrument for the purpose, as it seems to us ingenuity will ever devise. It differs from ordinary forceps in having the outside blade in the form of a curved cone the point or apex of this cone, thrusts itself, when the handles are closed, between the two buccal roots. The inner blade is of the common shape, and fits against the flat palatine fang. With such an accurately adapted forceps it would be a clumsy hand indeed that could not extract teeth without fracture or trouble.

A forceps figured on page 111, and termed the "podbitt" forceps is an objectionable instrument, certainly an unsurgical one, making a most unnecessary operation of what should be a very simple affair. We would suggest in its place a forceps with the scissor edge. This last necessitates no dissection of the gum, removes no bone, makes a plain, simple, incised wound, and may be as safely used for an inch and quarter as for a quarter of an inch cut. This podbitt forceps recommended by the author for removing roots of teeth would no doubt work well enough if it were never necessary to go more than from the eighth to a quarter of an inch below the free margin of the alveolar border to cut through and grasp the fang, yet even this from the necessity of cutting a triangular flap in the gum would be bad enough, but when it becomes necessary to pass much deeper, as is not unfrequently the case, the dog ears made by the flaps and the extensive surface to heal would give the patient a worse trouble than the ache which the operation is to cure. A cut, on the contrary made with a scissor edge, is of equally little consequence whether deep or superficial.

Dr. MAYNARD, referred to above, also devised a forceps which bears his name, for the removal of lower molar teeth. These teeth, as our readers are aware, have but two roots, the interspace looking

laterally. The forceps alluded to consists of two pointed blades so designated that closure of the handles will force the points into the interspace this instrument performs its office so beautifully, that we have seen, not unfrequently, large teeth removed where no other force seemed to be employed than that of pressing the handles together. As this forceps lifts the tooth from its socket rather than pulls it out, it is the instrument that should always be used where there is much decay in the crown of a tooth.

These MAYNARD forceps we know all about, practically as well as theoretically, and we desire to be emphatic in recommending them to every one of our readers who designs furnishing himself with instruments in this direction. There are some other suggestions that might be made in just criticism on Dr. ROBERTSON'S practice, but a very little experience in the directions treated upon will quickly enough discover the errors to the surgeon. We recommend the book for the very much good it contains.

J. E. G.

Health of the Army.

The following extract comprises all that is said in the report of the Secretary of War to Congress, of the Medical Department of the Army:

By the report of the acting Surgeon-General, the department is informed that the latest reports received give one hundred and eighty-two general hospitals, with a capacity of 34,473 beds. The number of patients remaining in general hospitals June 30, 1863, was 9.1 per cent., and in the field 4.4 per cent. of the entire mean strength of the army, of whom 11 per cent. were sick, and 2.5 per cent. wounded. The corps of medical inspectors, by the system of inspections established, has added materially to the efficiency of the medical and hospital service, and a marked improvement in all matters of sanitary precaution and police is exhibited. Companies of the second battalion, invalid corps, have in many instances been advantageously substituted for contract nurses, attendants, and cooks in the general hospitals. Appropriations are asked for the payment of washing in those hospitals and on transports, where a sufficient number of matrons cannot be employed; for the collection and preservation of pathological specimens in the army medical museum; and for the preparation and examination of drugs, in connection with the purveying depots. The health of the troops has been good, and the mortality less than the preceding year.

Common Sense.

ABERNETHY used to like very well to talk with SPURZHEIM, the great phrenologist, who resided for some time in England. One day, ABERNETHY, half seriously, half humorously, said to SPURZHEIM: "Well, doctor, where do you place the organ of common sense?" SPURZHEIM'S reply certainly sustained the coincidence of phrenological deductions with those of experience. "There is no organ," said he, "for common sense, but it depends on the equilibrium of the other organs."

A Medical Bankrupt.

A London physician has appeared before the Court of Bankruptcy. His debts were principally for borrowed money, and his two chief creditors are the Princess LABANOFF, of Paris, to whom he owes £24,000, and the Princess WALKONSKI, of the same city, to whom he owes £16,000. It is wonderful how a man with his name could have been in such high credit with these rich dames.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 19, 1863.

A NEW VOLUME—THE TIME TO SUBSCRIBE.

With the first issue in January, 1864, will commence the *Eleventh Volume* of the *MEDICAL AND SURGICAL REPORTER* in its weekly form.

It will be an opportune time for new subscriptions to begin. We have offered to subscribers extraordinary inducements to add new names to our list. For every new subscriber with the money (\$3), for a year in advance, we will either credit the subscriber sending the name *One Dollar* on account of his subscription, or send him one dollar's worth of Books or Surgical Instruments. See our book advertisement. A great many subscribers are already taking advantage of this offer. See "Answers to Correspondents."

We hope to be able to send out a *thousand dollars worth of Books and Surgical Instruments* before the first of February. An extension of our subscription list will benefit all our subscribers, and the profession at large, by giving us the ability to further improve the *REPORTER*.

For further particulars, see Prospectus on the cover in every alternate number.

HOW TO MAKE MEDICAL SOCIETIES USEFUL.

"Iron sharpeneth iron; so a man sharpeneth the countenance of his friend." Medical societies exert a beneficial influence on their members and the profession principally in two ways. First, by bringing medical men together, and getting them acquainted with each other. And there is no place where men can form acquaintances more easily or more pleasantly than around the festive board. We are therefore advocates of the time-honored custom of having members of our societies dine together on stated occasions. In our larger cities this feature of a medical society meeting might take the form, so common among our English friends, of a soiree, or social tea-drinking; and this

kind of a re-union might take place semi-annually. County societies, which should meet quarterly, if possible, should always have a social meal together, and on these occasions the members should let their moderation be known to all men. The cup that inebriates, the great temptation to excess, should be utterly discarded. How many a pleasant acquaintance may be formed on these occasions, and how many a misunderstanding explained to the mutual satisfaction of parties who otherwise might have become permanently estranged.

But important as is this feature of medical organization, it is of minor consequence compared with the scientific advantage to the members and the community. To realize the full benefit of the scientific feature of medical societies, each member should contribute his share toward the common stock of knowledge. Each society should have a standing committee, and every member should report to that committee whatever of interest has transpired under his notice. The topography of his section of the country, the prevailing diseases, especially the epidemiology, and any special cases illustrating rare forms of disease or principles of practice. These reports should be properly digested by the committee, and presented to the society in the most profitable form, and points brought forward for discussion. Finally, the committee should combine the reports of the year, and report the result in as comprehensive a form as possible to the State Society, in whose annual volume of transactions it should be published. In this way each State would have a medical history of the year, which would be of incalculable advantage to the profession, and have an important bearing on the treatment of disease, as the result would inevitably be a more intelligent practice of the healing art on the part of the profession generally.

How many counties of this State are going to be represented in the State Medical Society next June? And how many counties in other States does the *REPORTER* go to which are destitute of medical societies? We trust that our numerous readers will recognise the importance of organizing and availing themselves of every means to advance their noble profession.

IRREGULAR PRACTITIONERS IN THE GOVERNMENT SERVICE.

While on the whole there has been but little to complain of under the circumstances, regarding the employment of irregular practitioners by the Government, instances have occurred and still exist, where they have occupied prominent positions in the government service. Generally the utter incompetence of this class of men is so glaring that if they enter the service under certain influences, they are very soon dismissed. Some months ago it was discovered that a homœopath had been placed in charge of one of the largest General Hospitals in the West, and it was found that he was experimenting with the patients under his charge by treating them homœopathically. He has recently published an article in a homœopathic journal, in which he claims marvelous success with his infinitesimals—so marvelous, indeed, that for very envy the powers that be removed him from his position and dismissed him the service!

There is now in course of publication in a contemporary weekly medical journal, a report of cases occurring in another Western hospital, which is under the charge of a man who for many years has been an "eclectic" practitioner in Cincinnati, professor in one of the "eclectic" colleges there, and editor of a journal advocating the same principles.

We are informed that not long since a "Professor" in a hybrid concern in this city, where medical lectures are given to mixed audiences of men and women, had a position in one of the General Hospitals in the upper part of the city, and if we mistake not he is now in the service of the government in the field.

The executive officer of one of the largest Government hospitals in the country, and which is located in this city, we have been informed has never graduated in medicine, and is moreover of "eclectic" proclivities.

The examining surgeon for pensions for one of the Eastern Districts of Pennsylvania, is a homœopath.

It is probable that there are many other similar cases of which we know nothing. We simply state the above facts as is our bounden duty as a

guardian of legitimate medicine, for the purpose of calling the attention of the proper authorities to them.

Notes and Comments.

Abuses in the Army Medical Department.

The *American Medical Times* says that these consist as far as appear in the newspapers, "of alleged purchases of Hospital Stores of particular individuals or firms, at a higher rate than was demanded in the general market. In this course the Surgeon-General deserves special commendation. He simply purchased pure drugs, and other articles of good quality, and paid accordingly for them. The instances are not few where Medical Purveyors have gone into the general market and purchased cheap drugs, but of the most impure kind. In patronizing houses, and paying well for the articles purchased, the Surgeon-General has set an example which other departments may follow to advantage."

Purchasers of all supplies for the army are bound by certain rules, which always involve the purity of the article purchased, and the contracts are ordered to be given to the lowest bidder. We sincerely trust that the worst charge that will be proved against Surgeon-General HAMMOND will be the purchase of pure drugs. That was his bounden duty, but if he paid thirty-three per cent. more for them than he could have purchased the same article for from other parties—that would account for the milk in the cocoanut.

Typhoid Fever.

This disease is very prevalent in all parts of the country, and particularly in our military camps and hospitals. An intelligent subscriber writes to know if we or any of our readers have any knowledge of a remedy which will as effectually "break up" true Typhoid and Typhus fevers as quinia will the Remittent fever. Our correspondent thinks that he has found such a remedy, with which he has broken up about thirty cases of various grades and in different stages. He is preparing an article detailing his mode of treatment, in which he thinks there is something original.

We do not know of any remedy that will act in these low grades of fever with the same certainty that quinia does in Intermittent and Remittent fevers. Indeed, the variety of remedies recommended and used show that the practice is not settled. In the South, very large doses of quinia are recommended, and the *veratrum viride* has been used with varied results. There is a certain condition in typhoid fever in which Dr. Woon, of

this city, has found the oil of turpentine a very efficient remedy, viz.: in the latter stages of the disease, when the tongue gives indications of cleaning off in flakes from the middle or back part of the surface, which is left smooth and glossy, as if deprived of its papilla. But the treatment of the disease is generally a tentative one, rather stimulating than otherwise. None is recommended to our knowledge that can be relied on to cut the disease short. Communications on the subject are solicited.

The Reporter to the Army.

The circulation of the *REPORTER* is rapidly increasing in the Army. Many of our subscribers in the army who do not wish to break their files are having their copies still sent to their former places of residence, and have not seen a copy of it for many months. They are under the impression that there is uncertainty about getting their numbers. This is an error. They may, to be sure, lose an occasional copy—which can be made up to them from the office—but they would get most if not all their numbers. Army subscribers should notify us of their Department Headquarters, and have their numbers sent to that point with the proper corps and regimental address.

Correspondence.

FOREIGN.

LETTERS FROM DR. W. N. COTE.

PARIS, Nov. 26, 1863.

Paris Hospitals—Internes and Externes.

I said in my last that the Hospital Physicians and Surgeons in Paris are assisted in their duties by *internes* and *externes*. The post of *internes* is of an analogous nature to that of house physician or surgeons in England and America; the *externes* are dressers, etc.; both are elected by *concours*—that is by public competition—the former hold office for two years, at the expiration of which period the same men are usually re-elected for two years more. They receive a small salary, and are lodged within the establishments to which they are attached. There are two divisions of *internes*, viz.: Those who have completed their first and second year, and those who have completed their third year. *Internes* are advanced like physicians and surgeons, by being transferred from inferior to superior hospitals. The trial for the *externats* consists of questions and answers, and a written composition; the office is held for three years. The number distributed through the hospitals amounts to nearly 200. In order to encourage as much as possible attendance on the

clinique, it has lately been decided to consider two years passed in hospitals as equivalent to attendance for the same period of time on the courses delivered in the *École de Médecine*. Every physician and surgeon is attended, in his rounds, by an *élève de pharmacie*, who notes down the remedies prescribed, and superintends their proper distribution. Cases of disease are minutely examined on admission—their progress is noted daily by *internes*, who likewise make the post-mortem examinations.

Spontaneous Generation.

At a sitting of the Academy of Sciences M. PASTEUR replied to the late communication of M. M. POUCHET, JOLY, and MUSSET, in which those gentlemen, as your readers may remember, described their experiments on spontaneous generation effected on the Pyrenees. He admits that they copied his own experiments, executed on Mont Blanc and the Jura, with scrupulous exactness, except in the manner in which they broke the necks of the glass balloons drawn out to a point; they used a file, and he used a pair of pliers previously heated, in order to burn any dust there might happen to be on their surface. In this way the air rushing into the balloons could only carry its own germs with it, if any. But he regrets that they should have limited their experiments to four balloons only at each place; he used twenty, only five of which gave organized productions, from which he rightly concluded that on high mountains certain limited quantities of air might be found incapable of producing any Infusoria or vegetation in a putrescible liquid. Now, he contends, if he had only used four receivers he might have just hit upon the four out of those five which contained such productions, whereby he would have been led astray. I confess, I do not feel quite inclined to subscribe to this conclusion, since the number of combinations of twenty things taken 4 by 4 is 4,845, so that M. PASTEUR supposes a case against which the chances are as 4,845 to 1.

Palmidactylism.

Dr. BÉRIOT publishes a curious instance of hereditary palmidactylism in a family in which the great great grandmother had the third and fourth toes of her right foot webbed together. She had seven children, four daughters and three sons, none of whom presented the same anomaly. One of these daughters, however, gave birth to a girl whose middle and third fingers of the right hand were webbed like her grandmother's toes—and one of her sisters had a boy and a girl having exactly the same peculiarity. One only of the brothers had a son, his eldest out of five, webbed like his cousins; here, therefore, the anomaly, which has failed to re-appear in the second generation appears again in the third; in the fourth generation the son, webbed as above described, gets two twin daughters, one of whom has her toes webbed like those of her maternal ancestor, and a boy whose right hand is like his father's. Thus we see palmidactylism descending to the fourth generation always on the right foot or hand, and always on the same toes or corresponding fingers.

The Curability of Consumption.

At the Medico-Surgical Congress, recently held at Rouen, Dr. DESROS read a paper on the curability of consumption, in which he gave a rapid sketch of the different forms of the disease, attaching much importance to Dr. SEN's observations regarding the efficacy of the waters of Nauheim in the resolution of lymphatic ganglions. He concluded with the remark, that if acute or galloping phthisis is capable of cure, granulous phthisis must be considered mortal.

Injecting Nitrate of Silver into the Respiratory Organs.

At the same meeting, Dr. GOURDIN gave an account of his practice of injecting nitrate of silver into the respiratory organs, in cases of consumption in which the patient is exhausted by excessive expectoration. In one of these cases an India-rubber probe was introduced into the wind-pipe, to a depth of twelve centimetres [about four and a half inches], and, by the aid of a glass syringe, fifteen grammes of a solution of nitrate of silver, in the proportion of two of nitrate and ninety-eight of water, were introduced. Fifteen grammes are equal to about three drachms. About twelve grammes penetrated into the respiratory organs; the consequence was a violent fit of coughing, with a feeling of suffocation; but this fit only lasted two minutes, and half an hour later the patient only complained of a slight sensation of heat about the bifurcation of the bronchic. All those who witnessed the operation were astonished at the slight degree of inconvenience it had occasioned. From that time the expectoration diminished considerably; the injection was repeated nine days later, and a further diminution of expectoration was perceived. Hence, it appears that the introduction of nitrate of silver into the respiratory organs is attended with no danger, and may be very beneficial.

Another member, Dr. BOURGEOIS, described the good effects of breathing sulphurous waters in a pulverized state, as it is called; that is, reduced by mechanical means to a sort of steam, or state of extreme division resembling it.

Epidemic Typhus.

Dr. LEVASSEUR read an account of an epidemic typhus fever, which attacked ten persons out of a family of seventeen. All of them were cured by the administration of aceton during the first twelve days, and of bark and broth during the following nine days, when the disorder was on its decline. Dr. FAUCONNET, Chief Physician to the Cantonal Hospital of Geneva, recommends, in the treatment of typhoid fever, phosphoric acid, alternating it with magnesia. The acid is administered according to the following formula:

R. Acidum phosphoricum
glac., 3i.
Aqua destillat., f3vi. M.
Sig. A large spoonful every hour.
W. N. CÔTE.

Army and Navy News.

Orders.

The following Orders have recently been issued by the War Department:

Assistant Surgeon Joseph H. Bailey, U. S. Army, retired, now on special duty with the Governor of New York, will at once repair to Washington, D. C., for the purpose of settling his accounts. On the completion of this Order he will resume his duties.

The telegraphic Order of the 5th inst., from the Surgeon-General's Office, (by order of the Secretary of War,) directing the Medical Director at Philadelphia, Pa., to relieve Surgeon Edward Shippen, U. S. Vols. from duty at South Street Hospital, and ordering him to report to Assistant Surgeon General Wood, at Louisville, Ky., for duty in the field, is hereby confirmed.

Ordered to Report.

Lieutenant Colonel C. C. Keeney, U. S. Army, Medical Inspector, will report in person to the Commanding General Department of the Pacific, for duty as Medical Inspector of that Department.

Assistant Surgeon William M. Notson, U. S. Army, now on sick leave, is hereby relieved from duty with the Army of the Potomac, and will report in person without delay to the Surgeon-General of the U. S. Army, for orders.

Assistant Surgeon C. O. Wright, 35th Ohio Volunteers, and Acting Assistant Surgeon W. S. Hosack, 78th Pennsylvania Volunteers, recently released as prisoners of war from Richmond, will join their regiments. Permission to delay reporting for twenty days is hereby granted them.

Surgeon Daniel Meeker, U. S. Vols., recently released as prisoner of war from Richmond, will report in person to Assistant Surgeon General Wood, at Louisville, Ky., for assignment to duty. Permission to delay reporting for twenty days is hereby granted him, (December 8, 1863).

Surgeon Charles E. Swasey, U. S. Vols., now on duty as attending surgeon to sick and wounded officers at Frederick, Md. will report in person without delay for duty, to the Commanding General of the Department of the Missouri, and by letter to Assistant Surgeon General R. C. Wood, U. S. Army, at Louisville, Ky.

Surgeon Frederick Lloyd, U. S. Vols., to duty in charge of Jefferson Hospital, Memphis, Tenn.

Assistant Surgeon J. C. Norton, U. S. Vols., to duty connected with the transportation of sick and wounded men from Kelly's Ferry, Tenn., to Bridgeport, Alabama.

Assistant Surgeon A. B. Chapin, U. S. Vols., to duty as Executive Officer, General Hospital, Annapolis Junction, Md.

On Duty.

Assistant Surgeon Charles H. Hood, U. S. Vols., is on duty in charge of contrabands in hospitals and camps at Murfreesboro, Tenn.

Assistant Surgeon J. W. Leete, U. S. Vols., and Acting Assistant Surgeon H. M. Drach, have accompanied the 3d Maryland Cavalry to New Orleans, La.

Surgeon Henry S. Hewit, U. S. Vols., is on surgical duty in the hospitals at Chattanooga, Tenn.

Assigned to Duty.

Surgeon S. B. Davis, U. S. Vols., has been relieved from General Hospital, Leavenworth City, Kansas, and assigned to duty as Medical Director, S. W. Missouri, at Springfield, Mo.

Surgeon John G. F. Holston, U. S. Vols., has been assigned to duty as Medical Inspector of hospitals at Memphis, Tenn.

Surgeon E. McDonnell, U. S. Vols., has been assigned to duty as Surgeon-in-Chief, District of Baton Rouge, La.

Leave of Absence.

Leave of absence for twenty days on Surgeon's Certificate of Disability, is hereby granted to Surgeon Enoch Pearce, U. S. Vols.

The leave of absence granted Surgeon James T. Reeve, 21st Wisconsin Volunteers, in Special Orders No. 528, November 28, 1863, from the War Department, is hereby extended ten days.

Assistant Surgeon W. H. Park, 49th Ohio Volunteers, is hereby granted an extension of ten days to the time heretofore allowed him by Special Orders No. 528, November 28, 1863, from the War Department.

Assistant Surgeon F. H. Patton, 13th Virginia Volunteers, is hereby granted an extension of ten days to the time heretofore allowed by Special Orders No. 528, November 28, 1863, from the War Department.

The telegraphic Order from the War Department, dated December 4th, 1863, granting Surgeon J. Simpson, Medical Director at Baltimore, Md., permission to visit Washington, is hereby confirmed.

Leave of absence until further orders is hereby granted Surgeon John H. Bayne, U. S. Vols.

Leave of absence for ten days has been granted to Surgeon W. O. Baldwin, 2d D. C. Vols.

Discharged.

Medical Cadet Joseph R. Draper, U. S. Army, is hereby honorably discharged the service of the United States, to accept appointment as Assistant Surgeon 14th regiment Rhode Island Heavy Artillery, (colored.)

By direction of the President of the United States, the following named Medical Officers are hereby discharged the service for incompetency:

Assistant Surgeon William Wescott, 17th Maine Volunteers.

Assistant Surgeon W. H. Jewett, 3d Maine Vols.

Upon the recommendation of a Board of Officers convened by Special Orders No. 294, July 3, 1863, from this Office, the following officer is hereby honorably discharged from the service of the United States, on account of physical disability:

Surgeon Jonathan R. Shreve, 90th Pennsylvania Volunteers.

Hospital Steward B. F. Bigelow, U. S. Army, is hereby honorably discharged the service of the United States, to accept a position in the U. S. Navy.

Entitled to Bounty.

The Secretary of War has decided, on the recommendation of Colonel E. D. Townsend, approved by Major General Halleck, that Hospital Stewards are entitled to the same bounty (\$402) as other recruits for the Regular Army.

Dismissed.

By direction of the President, the following named officers are hereby dismissed the service of the United States:

Surgeon J. E. Quidor, U. S. Vols., for conduct unbecoming an officer and a gentleman, to date Nov. 30, 1863.

So much of General Orders No. 38, Oct. 30, 1863, from Headquarters, Department of the Pacific, as dismissed Asst Surgeon Robert Parker, 4th California Vols., for violation of the 9th, 45th, and 83d Articles of War, and conduct prejudicial to good order and military discipline, is hereby confirmed by the President of the United States.

Naval Medical Board.

A board to examine candidates for promotion and admission into the Medical Department of the Navy is now in session in this city. It consists of Surgeons JAMES M. GEERUL, J. M. FOLTZ, and A. A. HENDERSON.

Examining Surgeons for Volunteer Recruits.

Surgeon James Bryap, U. S. Vols., is hereby relieved from duty in the Army of the Tennessee, and will repair to New York City as Examining Surgeon for Volunteer Recruits at that place.

Surgeon James D. Strawbridge, U. S. Vols., is hereby relieved from duty in the Army of the Tennessee, and will at once enter upon the duties of Examining Surgeon of Volunteer Recruits at Philadelphia, Penn'a.

They will at once report by letter to the Provost-Marshal-General of the United States for instructions.

The General Hospitals in and around Washington.

Acting Surgeon-General Dr. J. K. BARNES has requested Surgeon R. O. ABBOTT, Medical Director of the Department of Washington, to make report upon the condition of the several general hospitals in and around Washington, particularly as to the policy of transferring Surgeons at hospitals to duty in the field, and placing Surgeons now on field duty in charge of the hospitals here, in order to give each Surgeon a knowledge of both hospital and field duty.

It is understood that Surgeon ABBOTT has reported that the surgeons in hospital in that city have, by practical experience, become thoroughly acquainted with their duties, as shown by the excellent condition of the present hospitals, everything being done that can be done to minister to the wants and comfort of the sick and wounded soldiers. To place surgeons in charge who have limited experience in hospital practice, Dr. ABBOTT believes would result injuriously. Besides, during the session of Congress, the members, and thousands of citizens from other States, will daily visit the hospitals, and it is desirable that the inmates and buildings should present the best appearance possible, and this can be done by making no change in the present arrangements. This report will doubtless be conclusive in the matter.

News and Miscellany.

General Hospitals.

The new hospital at Presidio de San Francisco, California, has been announced as a General Hospital. Surgeon John O. Bronson, U. S. Vols., has been placed in charge.

A New Hospital in New York.

The late JAMES H. ROOSEVELT has devised his entire estate, nearly half a million dollars, "for the establishment, in the City of New York, of a hospital for the reception and relief of sick and diseased persons, and for its permanent endowment."

ANSWERS TO CORRESPONDENTS.

Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and State from whence their letters are sent.

Dr. D. G. W. D. C.—TRIPLE'S Hand-Book of Military Surgery, was mailed to you on the 15th inst.

Dr. W. J. B., Ohio.—BARCLAY'S Medical Diagnosis, was mailed to you on the 15th inst.

Dr. J. F. J., Ohio.—SARGENT'S Minor Surgery, What to Observe at the Bedside, and Wood's Practice of Medicine, (2 vols.), were mailed to you on the 15th inst.

Dr. F. W. V., Pa.—BARCLAY'S Medical Diagnosis, was mailed to you on the 15th inst.

Dr. B. H., Iowa.—WOOD'S Practice of Medicine, (2 vols.) and WILLIAMS' Principles of Medicine, were mailed to you on the 15th inst.

Dr. J. L. P., Pa.—Your Visiting List was mailed to you on the 9th inst.

Dr. I. H. B., Ohio.—Flagg on Etherization, is out of print and cannot be obtained.

Dr. E. J. H., D. C.—The price of LIEBRICH'S Ophthalmoscope, is \$5.

Dr. E. S., N. J.—The dose of Bromide of Ammonium, is three to five grains. It would be safe to give that dose in a case of Pertussis, to a child five years old. (See current volume, pp. 348, 363.)

Dr. G. W. J., R. I.—It is not worth while to buy a U. S. Dispensatory until a new edition is issued, which ought to be soon.

Dr. W. O. B., Ohio—The price of the Plates to Wilson's Diseases of the Skin, is \$4 50.

Dr. A. B. D., Pa.—The price of binding the Reporter is 75 cents per vol.

Dr. J. H. O'K., Ill.—The Electro-Galvano and Magneto Machines of Dr. Jerome Kidder, 545 Broadway, N. Y., are recommended to us as being the best made, and we refer you to him.

Dr. M. D., Ill.—Wilson on the Skin and Hair, was mailed to you on the 17th inst.

Dr. H. W. B., N. Y.—Barclay's Medical Diagnosis was mailed to you on the 17th inst.

Dr. A. B., Jr., Pa.—Neil and Smith's Compendium, and the Visiting List, were mailed to you on the 17th inst.

Dr. J. C. P., Conn.—Barclay's Medical Diagnosis, was mailed to you on the 17th inst.

Dr. A. G. G., —Tripler's Hand-Book of Military Surgery, and Bumstead on Venereal, which is the last and completest work on the subject, were mailed to you on the 17th inst.

Dr. W. P. S., Ohio.—Barclay's Medical Diagnosis, and Headland's Action of Medicine, were mailed to you on the 17th inst.

Dr. C. C. H., Ohio.—The U. S. Pharmacopoeia, and the Visiting List, were mailed to you on the 17th inst.

Drs. J. L. D., Pa.; L. B., N. Y.; J. H. G., N. Y.; A. G., Ohio; C. P. C., N. Y.; A. R. T., Pa.; T. McE., Ohio; B. J. H., D. C.—Your Visiting Lists were mailed to you on the 17th inst.

Dr. T. G. C., N. J.—Both Plag and Channing on Etherization, are out of print and cannot be obtained.

Dr. C. H., Ohio—Beck's Infant Therapeutics, is out of print, and cannot be obtained.

Dr. B. F. S., Pa. and others.—Your Hand-Books will undoubtedly be sent in a few days, as we are waiting for the publisher to fill our order.

MARRIED.

ALEXANDER-BARRETT.—In St. Louis, December 4th, by Rev. Montgomery Schuyler, Charles T. Alexander, Surgeon, U. S. A., and Miss Julia, daughter of the late Richard F. Barret, M. D.

BILL-WALLIN.—At Saratoga Springs, N. Y., on the 23th of November, by the Rev. John Brandige, Dr. J. H. Bill, U. S. A., and Elmore H., daughter of the late Edward Wallen, Esq., and niece of Major H. D. Wallen, U. S. A.

CARMAL-JOHNSON.—On Tuesday, December 8th, at Christ Church, Stamford, Conn., by Rev. George Dowdall Johnson, Rector of St. Paul's Church, Owego, New York Dr. William Henry Carmalt, of New York City, and Laura Woolsey Johnson, youngest daughter of William Samuel Johnson, of Stratford.

CASPER-FRY.—On the 8th inst., in Philadelphia, by the Rev. J. Hyatt Smith, Thomas J. Casper, M. D., of Westchester, Pa., and Emma V., daughter of John Fry, Esq., of Philadelphia.

GESNER-FIELD.—On Thursday, December 10th, at Trinity Church, New York, by Rev. Morgan Dix, Rector, Brower Gesner, M. D., Surgeon 10th Regiment New York State Volunteers, and Frances A., youngest daughter of George Field, Esq.

HITCHCOCK-HILL.—At Newton Corner, Mass., 17th ult., Thomas B. Hitchcock, M. D., and Miss Sarah S. Hill, all of Newton.

SMITH-WELSH.—In this city, on Thursday evening, December 10th, by the Rev. Dr. Leeds, the Right Rev. Dr. Potter participating, Edward A. Smith, M. D., and Miss Rebecca M., Daughter of Samuel Welsh, Esq., all of Philadelphia.

WHEELRIGHT-POPE.—At Dorchester, Mass., 18th ult., Conrad Wheelright, M. D., and Miss Lily T., daughter of William Pope, all of Dorchester.

DIED.

BURRELL.—November 25th, 1863, Mrs. Caroline, wife of Dr. David Burrell, of New Derry, Pa., aged 30 years.

GIBBS.—In New York, on Tuesday, December 1st, Ruth, wife of Dr. Desmond B. Gibbs, aged 61 years.

MAXWELL.—In Johnstown, Fulton Co., N. Y., on Wednesday, December 9th, Samuel Maxwell, M. D., aged 80 years.

ROBERTS.—In this City, on Tuesday morning, December 8th, Dr. Charles B. Roberts.

TURNER.—In Brooklyn, on Tuesday, December 8th, Clara Sophia, youngest daughter of Dr. Joseph M. and Sophia B. Turner, aged four years and six months.

METEOROLOGY.

December	7.	8.	9.	10.	11.	12.	13.
Wind.....	N.	N.	N. W.	N. W.	N.	S. E.	S.
Weather.....	Clear.	Clear.	Clear.	Clear.	Clear.	Cl'dy, Rain, Snow, Sleet.	Cl'dy, Rain.
Depth Rain...							5-10
Thermometer							
Minimum.....	19°	18°	25°	14°	16°	17°	33°
At 8 A. M.....	19	27	33	21	17	35	55
At 12 M.....	29	37	45	25	23	43	53
At 3 P. M.....	32	40	47	28	26	44	60
Mean.....	24.5	30.5	37.5	22	20.5	34.7	51.2
Barometer.							
At 12 M.....	30.8	30.4	30.1	30.4	30.5	30.2	29.7

Germantown, Pa.

B. J. LEBRON.

VITAL STATISTICS.	Philadelphia. Week ending December 12.	New York. Week ending December 14.	Baltimore. Week ending December 14.	Boston. Week ending December 14.	Providence. Week ending December 14.
Pop'l'n. (estimated.)	580,000	350,000	240,000	180,000	52,000
Mortality.					
Male	119	202	52	41	47
Female	148	205	44	58	39
Adults	149	177	45	47	56
Under 15 years.....	108	...	50	48	24
Under 2 years.....	63	...	24	40*	11
Total.....	267	407	96	99	86
Deaths in 100,000.....	48.03	...	40.00	55.00	18.72
American.....	491	...	...	64	47
Foreign.....	58	42.84	...	35	39
Negro.....	19	...	10	3	4
ZYMOTIC DISEASES.					
Cholera, Asiatic.....	...	...	...	...	...
Cholera Infantum.....	2	...	...	...	...
Cholera Morbus.....	...	...	...	...	...
Croup.....	17	34	5	10	3
Diarrhoea.....	4	7	...	...	1
Diphtheria.....	8	22	2	3	6
Dysentery.....	1	1	...	1	2
Erysipelas.....	...	...	1	...	...
Fever, Intermittent.....	...	...	...	...	...
Fever, Remittent.....	...	...	...	...	...
Fever, Scarlet.....	2	27	7	3	...
Fever, Typhoid.....	16	11	2	4	7
Fever, Typhus.....	...	11	...	...	...
Fever, Yellow.....	...	...	...	...	...
Hooping-cough.....	1	...	2	...	...
Influenza.....	...	...	...	...	1
Measles.....	...	...	...	...	...
Small Pox.....	1	...	15	...	...
Syphilis.....	...	...	...	1	...
Thrush.....	...	...	...	...	...
SPORADIC DISEASES.					
Albuminuria.....	...	...	...	...	...
Apoplexy.....	2	5	...	2	...
Consumption.....	44	58	18	14	21
Convulsions.....	3	29	...	4	1
Dropsy.....	3	19	2	5	...
Gun-shot Wounds.....	1	...	1	...	...
Intemperance.....	1	...	1	1	...
Marasmus.....	7	20	1	3	2
Pleury.....	...	...	2	...	...
Pneumonia.....	21	29	2	8	6
Puerperal Fever.....	...	...	...	...	...
Serofula.....	1	...	...	1	...
Violence and Acc'ts.....	7	...	3	3	8

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE OF THE SHEET. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 304, 305, 308, 309, and 310, which are still due, and will be sent) will please remember and send money to pay for them, and for postage, as many of the numbers are growing scarce, and we have to pre-pay the postage, two cents a number.